

Department of Health  
STD/AIDS Prevention Branch

Request for Proposals

DOH 04-16  
HIV/STD Prevention Services Statewide

RFP No.  
DOH-04-16e

Core HIV Prevention Services for  
Men who have Sex with Men on Oahu  
and  
Statewide Coordination of Primary Prevention for  
People Living with HIV

August 2004



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
**STD/AIDS Prevention Branch**  
3627 KILAUEA AVENUE, ROOM 306  
HONOLULU, HAWAII 96816-2399

In reply, please refer to:  
File:

August 4, 2004

Dear Applicant:

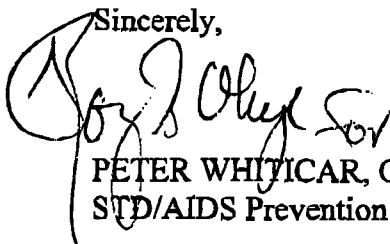
Enclosed please find an application packet for submitting a proposal to the STD/AIDS Prevention Branch, Hawaii State Department of Health, for the provision of HIV/STD prevention services statewide. These services shall be provided beginning January 1, 2005.

The deadline for submitting a proposal is September 1, 2004. Proposals must be postmarked before 12:00 midnight, September 1, 2004, or hand delivered by 4:30 p.m., September 1, 2004. Proposals postmarked after 12:00 midnight, September 1, 2004, or hand delivered after 4:30 p.m., September 1, 2004, shall not be considered and shall be returned to the applicant.

The STD/AIDS Prevention Branch shall conduct an orientation on August 12, 2004, at 10:00 a.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii. Special modifications (e.g., sign language interpreter, large print) can be provided if requested in advance by calling Mr. Tim McCormick at (808) 733-9281. I strongly encourage all prospective applicants to attend this orientation. The discussion which occurs at this session may be of assistance to you as you develop your proposal.

The deadline for submission of written questions is August 20, 2004. All written questions shall receive a written response from the STD/AIDS Prevention Branch by August 24, 2004.

Inquiries regarding this Request for Proposal should be directed to Mr. Tim McCormick at (808) 733-9281.

Sincerely,  
  
PETER WHITAR, Chief  
STD/AIDS Prevention Branch

Encl:

State of Hawaii  
Department of Health  
STD/AIDS Prevention Branch

Request For Proposal  
No. DOH-04-16

HIV/STD Prevention Services Statewide

August 2004

Section 1

# **Section 1**

## **Administrative Overview**

### **I. Authority**

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### **II. RFP Organization**

This RFP is organized into five sections:

*Section 1, Administrative Overview*--Provides applicants with an overview of the procurement process.

*Section 2, Service Specifications*--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

*Section 3, POS Proposal Application*--Describes the required format and content for the proposal application.

*Section 4, Proposal Evaluation*--Describes how proposals will be evaluated by the state purchasing agency.

*Section 5, Attachments* --Provides applicants with information and forms necessary to complete the application.

### **III. Contracting Office**

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

STD/AIDS Prevention Branch  
Department of Health  
State of Hawaii  
3627 Kilauea Avenue, Room 306  
Honolulu, Hawaii 96816  
Telephone: (808) 733-9010 Fax: (808) 733-9015

#### **IV. Procurement Timetable**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	<u>Aug. 4, 2004</u>
Distribution of RFP	<u>Aug. 4, 2004</u>
RFP orientation session	<u>Aug. 12, 2004</u>
Closing date for submission of questions	<u>Aug. 20, 2004</u>
State purchasing agency's response to applicants' questions	<u>Aug. 24, 2004</u>
Discussions with applicant prior to proposal submittal deadline	<u>N/A</u>
Proposal submittal deadline	<u>Sept. 1, 2004</u>
Discussions with applicant after proposal submittal deadline	<u>N/A</u>
Final revised proposals	<u>N/A</u>
Proposal evaluation period	<u>Sept. 1-Nov. 5, 2004</u>
Provider selection and award	<u>Nov. 5, 2004</u>
Notice of statement of findings and decisions	<u>Nov. 15, 2004</u>
Contract start date	<u>Jan. 3, 2005</u>

#### **V. Orientation**

An orientation for applicants in reference to the request for proposals will be held on August 12, 2004, at 10:00 a.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii. Special modifications (e.g. sign language interpreter, large print, taped materials, etc.) can be provided, if requested in advance by calling Mr. Tim McCormick at (808) 733-9281.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing.

#### **VI. Submission of Questions**

Applicants may submit questions in writing to the RFP Contact Person(s) identified in Section 2 of this RFP. The deadline for submission of written questions is August 20, 2004. All written questions will receive a written response from the state purchasing agency. State purchasing agency response to applicant questions will be sent by August 24, 2004.

## VII. Submission of Proposals

Proposals must contain the following components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency are as follows:

- (1) ***POS Proposal Application, including Title Page and Table of Contents*** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application, including a cost proposal. (Refer to Section 3 of this RFP)
- (2) ***Competitive POS Application Check List*** - Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.
- (3) ***Registration Form*** (SPO-H-100A) - If applicant is not pre-registered with the State Procurement Office (licensing and business status), this form must be submitted with the application.
- (4) ***Tax Clearance Certificate*** (Form A-6) - An original or certified copy of a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted with the proposal by the due date and time. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.
- (5) ***Certifications*** - Federal and/or State certifications, as applicable.
- (6) ***Program Specific Requirements*** - Additional program specific requirements are included in Section 3, Item IV (Service Delivery) of the POS Proposal Application, as applicable.

Unless multiple or alternate proposals are specifically provided for in Section 2 of this RFP, multiple or alternate proposals shall not be accepted--provided that if an applicant clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One original and three copies of the proposal are required. A separate copy of the proposal must be submitted on a 3.5" diskette in Word 2000 or WordPerfect 6.0, or later version, format. Proposals must be postmarked before 12:00 midnight, September 1, 2004, or delivered to the STD/AIDS Prevention Branch by 4:30 p.m., September 1, 2004. Any proposal postmarked or received after the designated date and time shall be rejected.

**Mailing Address:**

**STD/AIDS Prevention Branch  
Hawaii State Department of Health  
Prevention RFP  
ATTN: Ray Higa  
3627 Kilauea Avenue, Room 306  
Honolulu, Hawaii 96816**

**Delivery Address:**

**STD/AIDS Prevention Branch  
Hawaii State Department of Health  
Prevention RFP  
ATTN: Ray Higa  
728 Sunset Avenue, 2<sup>nd</sup> Floor  
Honolulu, Hawaii**

**VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline**

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

**IX. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

**X. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

**XI. Final Revised Proposals**

The applicant's final revised proposal, as applicable to this RFP, must be delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page.* After final revised proposals are received, final evaluations will be conducted for an award.

## **XII. Cancellation of Request for Proposal**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

## **XIII. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

## **XIV. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

## **XV. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized)



- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)
- (2) Rejection for inadequate accounting system. (Section 3-141-202)
- (3) Late proposals (Section 3-143-603)
- (4) Inadequate response to request for proposals (Section 3-143-609)
- (5) Proposal not responsive (Section 3-143-610 (1))
- (6) Applicant not responsible (Section 3-143-610 (2))

## **XVI. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **XVII. Notice of Award**

A Notice of Award containing a statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

## **XVIII. Protests**

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. Protests regarding awards of contracts and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. Only the following matters may be protested:

- (1) a state purchasing agency's failure to follow procedures established by Chapter

103F of the Hawaii Revised Statutes;

- (2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

**Head of State Purchasing Agency**

Name: Chiyome Leinaala Fukino, M.D.

Title: Director of Health

Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801

Business Address: 1250 Punchbowl Street, Honolulu, Hawaii

**Procurement Officer**

Name: Valerie Ako

Title: Chief, Administrative Services Office

Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801

Business Address: 1250 Punchbowl Street, Honolulu, Hawaii

**XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

**XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance Measures
- (2) Output Measures

- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

## **XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are contained in the POS Manual. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

## **XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

# STD/AIDS Prevention Branch

RFP No. DOH-04-16e

## Core HIV Prevention Services for Men who have Sex with Men on Oahu and Statewide Coordination of Primary Prevention for People Living with HIV

### Section 2

## **Section 2**

### **Service Specifications**

#### **I. INTRODUCTION**

##### **A. BACKGROUND**

The mission of the STD/AIDS Prevention Branch (SAPB) of the Hawai'i State Department of Health is to empower people in Hawai'i to make responsible health decisions for themselves and others by providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and by assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.

The SAPB provides leadership in program assessment, development and assurance. The SAPB coordinates planning and monitors HIV/STD services provided by the Hawai'i State Department of Health or through purchase of services contracts for both HIV prevention and care for those with HIV/AIDS.

##### **B. PURPOSE OR NEED**

The purpose of this procurement is to secure HIV/STD prevention services that will reduce the transmission of HIV.

##### **C. DESCRIPTION OF THE GOALS OF THE SERVICE**

Increase knowledge of serostatus and reduce the frequency of HIV risk behaviors among the indicated populations on Oahu through primary prevention for people living with HIV, HIV antibody counseling, testing and referral, outreach, individual-level interventions, and prevention case management; and to provide statewide coordination of prevention for positives (P4P).

##### **D. DESCRIPTION OF THE FOCUS POPULATION TO BE SERVED**

Men who have sex with men (MSM); HIV infected MSM; and MSM who inject drugs (MSM/IDU).

##### **E. GEOGRAPHIC COVERAGE OF SERVICE**

Direct Prevention Services: Oahu  
Coordination and Technical Assistance: Statewide

**F. PROBABLE FUNDING AMOUNTS, SOURCES, AND PERIOD OF AVAILABILITY**

1. Total funding: \$445,000 per year for direct services pending availability of funds.
2. Source of funds: Federal
3. Availability: 1/1/05-12/31/05 with an extension possible for 1/1/06-12/31/06
4. Funding by Category:
  - a. Direct Prevention Services on Oahu: \$385,000
  - b. Statewide Coordination and Technical Assistance: \$60,000

**II. GENERAL REQUIREMENTS**

**A. SPECIFIC QUALIFICATIONS OR REQUIREMENTS, INCLUDING BUT NOT LIMITED TO LICENSURE OR ACCREDITATION**

None

**B. SECONDARY PURCHASER PARTICIPATION**

N/A

**C. MULTIPLE OR ALTERNATE PROPOSALS**

☐ Allowed ☒ Unallowed

**D. SINGLE OR MULTIPLE CONTRACTS TO BE AWARDED**

☒ Single ☐ Multiple ☐ Single & Multiple

**E. SINGLE OR MULTI-TERM CONTRACTS TO BE AWARDED**

☐ Single term (< 2 yrs) ☒ Multi-term (> 2 yrs)

Contract terms: The Contractor will provide the above services from January 1, 2005 to December 31, 2005 with the possibility of one (1) additional twelve month extension.

**F. RFP CONTACT PERSON**

The individuals listed below are the points of contact from the date of release of

this RFP until the selection of the winning provider or providers. Questions will be accepted if submitted to the RFP contact persons and received on or before the deadline for submission of questions in Section I, Item VI of this RFP.

Mr. Tim McCormick: (808) 733-9281; or  
Mr. Ray Higa: (808) 733-9010  
STD/AIDS Prevention Branch  
Hawai'i State Department of Health  
3627 Kilauea Avenue, Room 306  
Honolulu, Hawai'i 96816

### **III. SCOPE OF WORK**

#### **A. FOCUS POPULATION**

Services are to be provided to men who have sex with men (MSM). This refers to both adult and young MSM, and includes MSM who identify themselves as gay or bisexual, as well as MSM who do not identify as gay or bisexual. MSM to be served include:

1. HIV infected MSM;
2. MSM who inject drugs (MSM/IDU); and
3. MSM who have not tested positive but are at risk for HIV.

*In providing the requested services to MSM, particular attention must be paid to MSM who have female sexual partners, and to reducing risk with female partners.*

#### **B. SERVICE ACTIVITIES**

##### **1. HIV PREVENTION SERVICES TO MSM**

The STATE seeks HIV preventions services that are consistent with the recommendations made by the Hawai'i State HIV Prevention Community Planning Group (CPG) in their 2004 Update to the Comprehensive HIV Prevention Plan for Hawai'i ("The Plan"). Services sought under this RFP include the following services to be provided to the described populations. The requested services represent interventions identified in the Plan as being critical for preventing the greatest number of new HIV infections; the described populations represent populations prioritized in the Plan.

##### **a. Prevention for Positives (P4P)**

As stated in the Plan, people living with HIV are the highest priority population for primary HIV prevention services. The services requested herein aim to reduce new HIV infections primarily by assisting individuals in reducing their risk of transmitting HIV to others.

**(1) Population To Be Served**

P4P services are to be provided to HIV infected MSM and HIV infected MSM/IDU to assist them in reducing their risk for transmitting HIV to others. Given that many individuals living with HIV may not need care-related case management services, but may still be in need of assistance and support in reducing their risk for transmitting HIV to others, P4P services must not be limited only to clients of a provider's care case management services, and agencies must make P4P services available outside of the agency.

**(2) Services Requested**

The STATE seeks the provision of one-on-one, client-centered, skills building, counseling, and support to individuals living with HIV to reduce their risk for transmitting HIV to others. This includes two different interventions: individual-level interventions (ILI) and prevention case management to reduce HIV risk (PCM). In addition to these interventions, P4P services shall include linkages to STD screening and hepatitis education, screening, vaccinations and treatment as appropriate.

Based upon CPG recommendations, the STATE commissioned a study to collect information and make recommendations regarding the provision of P4P services in Hawai'i. The study report, *Primary Prevention Needs For People Living with HIV in Hawai'i* (Bopp et al. 2002) is available from the SAPB. In addition, *Hawai'i's Work Plan for Primary and Secondary HIV Prevention Work with HIV-Positive People and their Partners* (White, 2004) is available from the SAPB. In planning and implementing P4P services, applicants are expected to consult these two documents.

In each agency, P4P services shall be coordinated by a



dedicated P4P peer staff person. The minimum staffing requirement for the P4P-specific position is stated below in *section B.1.a., (Staffing)*. The P4P staff person should provide at least some of the ILI to P4P clients, and may also provide CTR as well as non-P4P services. A statewide P4P coordinator is be available to support agencies and their P4P staff in implementing these services. The P4P staff person will be expected to work closely with the statewide P4P coordinator; as well as to collaborate with P4P staff at other agencies to support each other and share expertise to most effectively meet the needs of clients and support them in reducing their risk of transmitting HIV to others.

**(a) Individual-level Interventions (ILI)**

ILI shall be provided as a main component of P4P services. ILI focus directly on changing HIV-risk related behaviors. ILI is a multiple session intervention with a completed intervention considered to be at least 3 sessions. Each session should last between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her risk for transmitting HIV to others. The intervention must include activities to build appropriate skills the client can use in reducing their risk. **P4P ILIs are a required activity.**

**(b) HIV Prevention Case Management (PCM)**

Some individuals living with HIV face considerable barriers to reducing their risk for transmitting HIV to others, and their risk behavior cannot be changed through the risk assessment, counseling, encouragement, and skills-build that occur during ILI. These individual may be able to reduce their risk through participation in a PCM intervention. PCM programs are required to have a written program protocol. PCM includes substance abuse

and/or mental health counseling services and requires the availability of staff with appropriate clinical skills to provide these services. In addition, an effective PCM program often depends upon the availability of resources in the community to address mental health and substance abuse counseling needs. PCM is a more resource intensive intervention than ILI, and as such should be implemented only with clients who are not able to reduce their risk through ILI, and whose HIV risk is likely to be reduced through PCM. While PCM counseling sessions are generally client-centered, clients are likely to have a range of needs not directly related to HIV prevention and the provider must maintain an HIV prevention focus within the intervention. **P4P PCM is a required activity.**

*In addition to working directly with HIV infected persons, providers may, as a part of P4P services, work with sero-discordant couples, as well as one-on-one with HIV infected persons' sexual and/or needle sharing partners who are HIV negative or whose HIV status is unknown.*

**b. Services to Men who have Sex with Men and Inject Drugs (MSM/IDU)**

As stated in the Plan, MSM/IDU are the second highest priority population for HIV prevention services. This prioritization reflects that while this is a small population, their HIV risk is extremely high and intensive prevention services are appropriate. A significant proportion of MSM/IDU are likely to be HIV infected. Services to those MSM/IDU who know they are HIV infected and disclose their HIV status to the provider should be categorized under P4P

**(1) Public Sex Environment (PSE) Outreach including HIV Counseling, Testing & Referral (CTR)**

Outreach services to MSM described below in c. (1) should serve MSM/IDU as well as other MSM. In addition, the applicant may propose outreach efforts specifically targeting MSM/IDU. If the applicant does not propose a

specific MSM/IDU outreach effort, the provider must still be prepared to effectively address the HIV prevention needs of MSM/IDU encountered in the course of outreach to MSM. Regardless of whether or not the applicant proposes a specific MSM/IDU outreach effort, the provider will be required to collaborate and coordinate with the state-funded provider of syringe exchange services in order to effectively meet the HIV prevention needs of MSM/IDU. **Outreach specifically targeting MSM/IDU is not a required activity.**

**(2) Individual-level Interventions**

ILI shall be provided to MSM/IDU who are HIV negative or who are unaware of their status. (Note that services to MSM/IDU who are HIV infected should be categorized under P4P.) ILI focus directly on changing HIV-risk related behaviors. ILI is a multiple session intervention with a completed intervention considered to be at least 3 sessions. Each session should last between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her risk for contracting or transmitting HIV. The intervention must include activities to build appropriate skills the client can use in reducing their risk. For MSM/IDU in these ILI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encouraged and supported in accessing CTR, and retesting at appropriate intervals. **ILI to MSM/IDU are a required activity.**

**(3) HIV Prevention Case Management**

Some MSM/IDU may face significant barriers to reducing their HIV risk behaviors. For some MSM/IDU, risk behavior cannot be changed through the risk assessment, counseling, encouragement, and skills-build that occur during ILI. These individual may be able to reduce their risk through participation in a PCM intervention. PCM includes substance abuse and/or mental health counseling

services and requires the availability of staff with appropriate clinical skills or a strong referral network to resources in the community in order to provide these services. While these individuals may have multiple, complex needs, it is critical that the fundamental goal of the PCM intervention be to reduce HIV risk. PCM is a more resource intensive intervention than ILI, and as such should be implemented only with clients who are not able to reduce their risk through ILI, and whose HIV risk is likely to be reduced through PCM. (Note that PCM services to MSM/IDU who are HIV infected should be categorized under P4P.) For MSM/IDU receiving PCM who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encouraged and supported in accessing CTR, and retesting at appropriate intervals. **PCM to MSM/IDU is a required activity.**

**c. Services to Men who have Sex with Men (MSM)**

As stated in the Plan, MSM are the third highest priority population for HIV prevention services. MSM represent the majority of persons living with HIV in the State.

**(1) Outreach including HIV Counseling, Testing and Referral (CTR)**

**(a) Outreach in Public Sex Environments (PSE) and Commercial Sex Environments (CSE)**

Services to MSM shall be provided through extensive outreach in public sex environments (PSEs) and in commercial sex environments (CSEs). Outreach services shall include distributing condoms, safer sex kits, and other risk reduction materials, providing information on HIV, hepatitis and STD risk, providing brief harm reduction-based counseling, providing on-site CTR, providing linkages to CTR, STD screening and treatment, and hepatitis screening, vaccination and treatment as appropriate, and when appropriate engaging individuals for P4P services. PSEs are locations such as parks and beaches, that are frequented by

men seeking sexual contacts with other men and are the sites of at least some sexual activity among men. CSEs are commercial establishments such as bathhouses, sex clubs and adult video store arcades where men have sexual contact with other men. This contact may be overt and acknowledged by the management of the commercial establishment (as is the case in bathhouses and sex clubs), or may be covert and not openly acknowledged by the management of the commercial establishment (as may be the case in some adult video store arcades). **PSE/CSE Outreach to MSM is a required activity.**

**(b) Internet Outreach**

Limited outreach may also be conducted to MSM on Oahu via Internet chatrooms. This outreach must make every attempt to focused narrowly on MSM in the geographic area of service. This outreach involves providing information on HIV hepatitis and STD risk, providing brief harm reduction-based counseling, providing information on and encouragement of CTR, STD screening and treatment, and hepatitis screening, vaccination and treatment as appropriate. Referrals to in-person P4P and CTR should be made as appropriate and when possible. **Internet Outreach is not a required activity.**

**The minimum staffing requirement for outreach and CTR is stated below in *section B.1.a. (Staffing)*.** Any staffing the applicant might propose for targeted outreach to MSM/IDU will be counted toward this minimum staffing requirement for outreach to MSM.

**(2) Individual-level Interventions to MSM**

ILI shall be provided to MSM who are HIV negative or who are unaware of their status. (Note that services to MSM who are HIV infected should be categorized under P4P.) ILI focus directly on changing HIV-risk related behaviors. ILI is a multiple session intervention with a

completed interventions considered to be at least 3 sessions. Each session should last between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her risk for contracting or transmitting HIV. The intervention must include activities to build appropriate skills the client can use in reducing their risk. For MSM in these ILI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encouraged and supported in accessing CTR, and retesting at appropriate intervals. **ILIs to MSM are a required activity.**

Note that PCM is not supported for the general population of MSM but that these services will be provided to some MSM in the context of P4P services.

**d. HIV Antibody Counseling, Testing and Referral Services (CTR), including Partner Counseling and Referral Services (PCRS)**

As stated in the Plan, CTR is a critical intervention for every priority population. It is critical that individuals who are HIV infected learn their HIV status. Individuals who find out that they are HIV infected can access medical interventions to maintain their health, and can take steps to reduce their risk of transmitting HIV to others. Individuals with current high risk behavior who do not test HIV positive can be supported in retesting at appropriate intervals, and can be provided with assistance in changing their current high-risk behaviors.

When an individual tests positive for HIV, voluntary PCRS is an integral part of CTR. PCRS is offered whenever the individual testing positive has had partners who may need to be made aware that they should consider accessing CTR. PCRS can involve assisting the client in planning and skill-building to notify partners directly, or eliciting partner names and locating information so that SAPB staff can notify partners while maintaining the anonymity of the client, or a combination of both.

(1) **Counseling, Testing and Referral Services (CTR) for Men who have Sex with Men (MSM) and their Partners**

CTR shall be specifically targeted to MSM and MSM/IDU. In addition, CTR should be made available, as possible, to the female sexual partners of MSM and MSM/IDU, and to the needle sharing partners of MSM/IDU. CTR may only be conducted by individuals who have been trained and maintain current certification by the SAPB to perform CTR. The SAPB CTR Training/Quality Assurance Coordinator will be available to support agencies in implementing effective, appropriate CTR services. The SAPB will provide contractors with test kits and materials to conduct OraSure® or blood draw testing and will provide for processing of these tests through the State Laboratory.

CTR must be conducted in accordance with current STATE policies and procedure for CTR. **All contractors will be expected to ensure that at least 80% of individuals accessing testing receive their test results.** CTR activities must provide PCRS and linkages to STD screening and treatment, and hepatitis education, screening, vaccinations and treatment as appropriate. **CTR is a required activity. All of the staff members who make up the required FTE for this RFP (see section B.1.a. [Staffing]) must be available to perform CTR.**

(2) **CTR using Rapid Test Technologies**

Applicants may propose to conduct CTR using rapid test technologies, but are not required to do so. For contractors planning to conduct CTR using rapid test technologies, the SAPB will make available a limited number of rapid test kits and controls, and provided limited technical assistance. Certified HIV counselor/testers are required to complete additional training specific to rapid testing prior to administering these tests. Contractors will be required to verify with the SAPB that all training and quality assurance measures have been met prior to implementing rapid testing. In addition to meeting the overall CTR return rate objective of 80%, contractors using rapid testing in their CTR program, will be expected to:

- (a) return at least 90% of test results to individuals tested with the rapid test; and
- (b) return at least 90% of positive tests results (regardless of test technology used).

**e. Integration of Sexually Transmitted Disease (STD) & Viral Hepatitis Services in HIV Prevention**

**(1) Sexually Transmitted Diseases (Syphilis, Gonorrhea & Chlamydia)**

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting other sexually transmitted infections. Screening for and treatment of syphilis, gonorrhea and chlamydia not only improve the health of those infected and prevent further spread of these diseases, but may also play a significant role in reducing the spread of HIV. Linkages to STD screening and treatment should be incorporated into HIV prevention efforts for appropriate clients. The SAPB will provide training on STDs, and will be available to assist and support agencies in integrating STD prevention into HIV prevention programs.

**(2) Viral Hepatitis**

Many individuals at risk for transmitting or contracting HIV, may also be at risk for transmitting or contracting viral hepatitis. Vaccinations for Hepatitis A and B are available and information about the availability of these vaccinations, and linkages to Hepatitis A and B screening and vaccinations should be incorporated into HIV prevention efforts for appropriate clients. Information on Hepatitis C, as well and linkages to Hepatitis C screening and treatment should be incorporated into HIV prevention for appropriate clients. The SAPB Hepatitis Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention into HIV prevention programs.



**2. STATEWIDE COORDINATION OF AND TECHNICAL ASSISTANCE ON PRIMARY PREVENTION FOR PEOPLE LIVING WITH HIV (“PREVENTION FOR POSITIVES” (P4P))**

The STATE seeks statewide provision of technical assistance on, and coordination of, primary prevention services to people living with HIV (“Prevention for Positives” (P4P)). These services shall be provided by a Statewide P4P Coordinator to be retained by the Contractor.

The Statewide P4P Coordinator shall provide leadership in the planning and implementation of P4P services. This shall be done in consultation with the SAPB and agencies statewide providing P4P services, other HIV prevention services, and HIV care services.

The Statewide P4P Coordinator shall:

- a. provide or coordinate the provision of training, technical assistance, and consultation to P4P staff statewide;
- b. revise as necessary and implement and/or support implementation of the recommendations of *Hawai‘i’s Work Plan for Primary and Secondary HIV Prevention Work with HIV-Positive People and their Partners* (White, 2004);
- c. be available as a source of up-to-date information on P4P efforts in other parts of the country;
- d. provide coordination and leadership in assisting organizations contracted by the SAPB to provide HIV prevention services to plan and implement appropriate P4P services;
- e. assess the information, training and support needs of staff of SAPB-contracted agencies and SAPB staff to ensure effective implementation of P4P services; and
- f. plan, coordinate and facilitate statewide quarterly meetings of P4P staff. The aim of these meetings shall be to facilitate networking among P4P staff statewide, to provide a forum for sharing current local and national P4P information and materials, and to engage P4P staff in planning further development and improvement in P4P services.

Because this Statewide P4P Coordinator will be required to work closely with the SAPB and SAPB-contracted provider agencies, the SAPB must approve staff hired for this position.

**B. MANAGEMENT REQUIREMENTS**

## 1. PERSONNEL

### a. STAFFING

Services requested in this RFP shall be provided by a minimum of **7.0 FTE** prevention workers for the provision of direct services on Oahu and **1.0 FTE** for the provision of Statewide Coordination and Technical Assistance on Prevention or Positives (P4P). Of the 7.0 FTE providing direct services, at least **1.0 FTE** must be a P4P-specific person; at least 4.0 FTE must be devoted to providing CTR and outreach.

### b. STAFF TRAINING AND DEVELOPMENT

Applicant shall insure that:

- (1) **HIV Counselor/Tester Certification:** all of the staff members who make up the required FTE for this RFP (see *a. Staffing* above) maintain current HIV counselor/tester certification from the SAPB;
  - (a) **Initial Certification:** in order to be eligible for certification, new or not yet certified staff complete the four-day *Fundamentals of HIV Counseling & Testing* course; complete CTR observation by the SAPB CTR Training/Quality Assurance Coordinator (or by a counselor/tester designated by the SAPB); and complete the one day *Partner Counseling & Referral Services* course. The SAPB makes every effort to offer these courses when needed;
  - (b) **Maintaining Certification:** in order to maintain current certification, all HIV counselor/testers attend the one-day *Annual HIV Counselor/Tester Update*. This meeting will be held in Honolulu. Any alternate arrangements for maintaining certification shall be at the discretion of SAPB. SAPB makes all decisions regarding certification of individual counselor/testers and certification can be withheld or suspended at the discretion of SAPB;
- (2) **Evaluation requirements:** the contracted agency send representation to one SAPB evaluation training each year of the contract. Appropriate representation includes agency personnel involved with evaluation of prevention interventions (for example, the HIV Prevention Director).

During periodic site visits, the Evaluation Specialist will meet with appropriate agency staff to discuss evaluation issues or conduct training on evaluation or data collection;

- (3) **Outreach Worker Meeting Requirements:**
  - (a) **P4P:** the contracted agency's P4P staff person attend quarterly P4P meetings.
  - (b) **GayMAP:** program staff participate fully in GayMAP, the statewide outreach worker meeting for HIV prevention to MSM. Participation shall include attendance at each of the quarterly GayMAP meetings by a minimum of one staff member who is prepared to represent the provider's program;
- (4) **AEQ Requirements:** all prevention workers working more than .5 FTE on this contract attend a minimum of three AIDS Educators Quarterly (AEQ) meetings. Prevention workers working .5 FTE or less shall attend a minimum of one AEQ meeting;
- (5) **New Staff Training Requirements:** new staff members shall receive initial training within sixty (60) days of employment. This training shall ensure that they:
  - (a) have correct factual knowledge of HIV, STDs and hepatitis, including:
    - i) history and epidemiology of the HIV epidemic
    - ii) biology of HIV
    - iii) modes of HIV transmission
    - iv) information on STDs
    - v) information on hepatitis A, B & C
    - vi) populations at risk for HIV
    - vii) utilizing theories of behavioral interventions
    - viii) treatment of HIV infection
    - ix) community resources statewide
    - x) HIV antibody counseling and testing sites statewide
  - (b) understand clearly the populations to be served under this contract
  - (c) understand the purposes of activities they will be implementing
  - (d) are oriented to behavioral interventions
  - (e) understand basic methods and uses of evaluation
  - (f) are familiar with the specific requirements of the contract

Arrangements for, and any expenses related to, this training

shall be the responsibility of the contracted agency.

Completion by each new staff member of all elements of this training, and how this training was provided, shall be reported to the SAPB in the quarterly program reports;

- (6) **Outreach Training and Support Requirements:** all prevention workers receive appropriate training and support on an on-going basis. All training completed by staff shall be reported to the SAPB in the quarterly program reports. SAPB and SAPB contractors will provide, at no charge, various types of training and support to the staff of agencies contracted to provide HIV prevention services under this and other RFPs. All prevention workers working more than .5 FTE shall, over the course of the annual contract period and in addition to activities required above in items (1)-(5), attend a minimum of one training or support activities approved by the SAPB.

## 2. ADMINISTRATIVE

Applicant shall conduct its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:

- a. fiscal or accounting policies and procedures, or both;
- b. written personnel policies and procedures;
- c. written program policies and procedures;
- d. written policies required by applicable federal, state, or county laws; and
- e. client and employee grievance policies and procedures.

## 3. QUALITY ASSURANCE AND EVALUATION SPECIFICATIONS

Activities to monitor, evaluate, report, and improve the results of the program must be an integral part of program design, and these activities must be proposed in the application. The applicant shall describe how it plans to evaluate its program and use that information internally for program improvement. In addition, contracted agencies are required to collect and report data on the implementation of all intervention activities as stipulated by SAPB. The data required for reporting to SAPB are specified in *Section 5.a Reporting Requirements for Program and Fiscal Data*.

Throughout the contract period, the contracted agency will also be required to:

- a. discuss any planned **outcomes monitoring** or **outcomes evaluation** activities with SAPB before implementation;
- b. submit any instruments used for **outcomes monitoring** or **outcomes evaluation** to SAPB for review;
- c. participate in any evaluation activities conducted by the SAPB or its contractors;
- d. submit any proposed **outcomes evaluation** studies involving prevention interventions funded by SAPB, even if the evaluation itself is not funded by SAPB, to the DOH institutional review board (IRB) for approval, as required by both CDC and DOH policy;
- e. conform to changes in reporting requirements mandated by the CDC and/or DOH;
- f. collect client-level data, as required by SAPB;
- g. submit required data to DOH as mandated by the CDC and/or DOH; and
- h. make available HIV prevention data for audit by SAPB.

*Applicants should plan to devoted a minimum of .35 FTE to evaluation-related activities.*

#### 4. PERFORMANCE MEASURES

Program activities must clearly explain their program logic and should be based on intervention models with proven effectiveness. Whenever possible, proposed programs should be based on programs found to be proven effective in the published literature. Program logic should link the intervention with the pertinent performance measures.

The contract based on this RFP includes performance measures which have been operationalized as objectives for each intervention. The applicant shall use the objectives provided in the *POS Proposal Application*. The applicant is required to propose objectives by filling in appropriate numbers for each objective, reflecting realistic goals. The contracted agency will be evaluated based on its performance on objectives during the contract period. Note that the STATE reserves the right to negotiate with the selected applicant the modification of proposed objectives prior to the execution of a contract.

**All interventions will have associated objectives and the applicant must explain the intended results of all interventions in their proposal.** Measurement of objectives can be accomplished using data collection forms provided by SAPB. Data collection will become electronic when release 2.0 of the CDC's Program Evaluation and Monitoring System (PEMS) is implemented in Hawaii in May 2005.

## **5. REPORTING REQUIREMENTS FOR PROGRAM AND FISCAL DATA**

Applicant shall be required to:

- a. provide the State with written program and budget reports within thirty (30) days after the end of each quarter. These reports shall consist of:
  - (1) a **budget report** indicating expenses incurred;
  - (2) a **table** indicating the provider's quarterly and year-to-date progress on contract objectives;
  - (3) **client-level data** for all clients in HIV prevention interventions will be collected and submitted to the SAPB. The format for data collection and the process for submission will follow CDC and DOH guidelines. Note that aggregate data will be collected and submitted for outreach clients;
  - (4) **a narrative report.** The narrative must include a description of progress on objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter, barriers to implementing services as planned, modifications to service delivery, and any other points that might improve SAPB understanding of the program. As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised;
  - (5) **a progress report on the P4P Coordinator's activities.** This report should contain a discussion of progress on the P4P Coordinator's 12-Month workplan as well as other activities undertaken by the P4P Coordinator; and
  - (6) **any additional information requested** by CDC or DOH to satisfy program monitoring requirements.
- b. provide the State with an **annual** or **final written report** within

thirty (30) days after the end of the year or contract period. This report shall reflect the results of the program, including accomplishment of service requirements, populations served, development of program methodology, lessons learned, and adherence to projected budget costs, including a list of all equipment purchased during the year or contract period. An annual report is required at the end of each year of an ongoing contract and must cover the entire year. A final report is to be submitted in place of an annual report at the end of the contract and must cover the entire contract period. Final and annual reports are required in addition to quarterly reports; at the end of each year, a final or annual report for a program must be submitted in addition to a quarterly report.

**6. PRICING OR PRICING METHODOLOGY**

Cost reimbursement

**7. UNITS OF SERVICE AND UNIT RATE (AS APPLICABLE)**

N/A

# STD/AIDS Prevention Branch

RFP No. DOH-04-16e

Core HIV Prevention Services for  
Men who have Sex with Men on Oahu  
and  
Statewide Coordination of Primary Prevention for  
People Living with HIV

Section 3



## Section 3

### POS Proposal Application

#### General instructions for completing applications:

- *POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application and the titles/subtitles should be retained. The instructions for each section however may be omitted. The applicant organization and RFP identification information should appear at the top right hand corner of each page.*
- *Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.*
- *Applications must be in a standard 12 point font, single spaced, with one inch margins.*
- *Applicants must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for each item, unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*

#### The POS Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Executive Summary*
- *Experience and Capability*
- *Personnel: Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

#### **I. EXECUTIVE SUMMARY**

The Executive Summary shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the STATE with a broad understanding of the entire proposal. **Include a brief description of the applicant's organization, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need.** The executive summary should be approximately one to two pages in length.

## **I. EXPERIENCE AND CAPABILITY**

### **A. NECESSARY SKILLS AND EXPERIENCE**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years which are pertinent to the proposed services.

### **B. COORDINATION OF SERVICES**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

### **C. FACILITIES**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also, describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

## **III. PERSONNEL: PROJECT ORGANIZATION AND STAFFING**

### **A. PROPOSED STAFFING**

The applicant shall describe the proposed staffing pattern, indicating the proposed positions and FTE of regular and contract staff. (Refer to the personnel requirements in the Service Specifications, as applicable.)

### **B. STAFF QUALIFICATIONS**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable.)

### **C. SUPERVISION AND TRAINING**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

The applicant shall describe plans for the ongoing training and development of

staff, and include clear measurable objectives.

#### **D. ORGANIZATION CHART**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency.) Both the “Organization-wide” and “Program” organization charts shall be attached to the POS Proposal Application.

### **IV. SERVICE DELIVERY**

The Service Delivery Section shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated), a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

The program proposal must include the following:

#### **A. SERVICE DELIVERY PLAN FORM**

Each proposed activity must be listed and categorized under the appropriate CDC intervention category using the HIV Prevention Service Delivery Plan form (*Attachment E*). All required data must be completed.

#### **B. PROPOSED INTERVENTIONS**

##### **1. HIV PREVENTION INDIVIDUAL-LEVEL INTERVENTIONS TO PEOPLE LIVING WITH HIV (P4P ILI)**

A detailed description of the individual-level intervention (ILI) activities that will be implemented as part of P4P services. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity’s program logic and the activity’s link to a demonstrated effective ILI;
- c. the HIV prevention-related skills that will be addressed;
- d. how it will be determined that the client should exit from the ILI services;
- e. FTE to be devoted to the intervention;
- f. how service will be made accessible to individuals not accessing care case management services; and

- g. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in “number” to reflect the agency’s goals for P4P ILI clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
- (1) By the end of 2005, the applicant will provide peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration to at least (number) P4P clients. [Note: This objective refers to all clients enrolled in P4P ILI.]
  - (2) By the end of 2005, the applicant will provide at least (number) peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration to at least (number) P4P ILI clients. [Note: This objective refers to P4P clients who have completed the ILI intervention.]
  - (3) By the end of 2005, no more than (number) percent of the P4P ILI clients will be HIV care case management clients at the time of P4P enrollment. [Note: This objective is intended to ensure that some P4P ILI clients are not case management clients of the CBO. An individual is defined as being a case management client if they have been in case management within the last two years.]
  - (4) By the end of 2005, at least (number) percent of P4P ILI clients who have unprotected anal or vaginal sex with partners of negative or unknown HIV status will decrease the frequency of unprotected anal and vaginal sex with partners of negative or unknown HIV status.
  - (5) By the end of 2005, at least (number) percent of P4P ILI clients who have unprotected anal or vaginal sex with partners of negative or unknown HIV status will decrease the number of sexual partners with negative or unknown HIV status with whom they have unprotected sex.
  - (6) By the end of 2005, the frequency of needle sharing will decrease among (number) percent of drug injecting P4P ILI clients who share needles.
  - (7) By the end of 2005, the number of needle sharing partners will decrease among (number) percent of drug injecting P4P ILI clients who share needles.

**2. HIV PREVENTION CASE MANAGEMENT FOR PEOPLE LIVING WITH HIV (P4P PCM)**

A detailed description of the HIV prevention case management (PCM) activities that will be implemented as part of P4P services. Include:

- a. a description of each activity and how it will be implemented, including the program's proposed protocol for PCM;
- b. the activity's program logic and the activity's link to a demonstrated effective PCM intervention;
- c. the HIV prevention-related skills that will be addressed;
- d. PCM personnel expertise, including referral resources;
- e. identification of sources of clinical consultation for staff implementing PCM;
- f. how it will be determined that the client should exit from PCM services, including a discussion of whether completion of the intervention will be determined by a pre-set number of sessions or whether it will be a client-specific number of sessions based on his or her risk assessment. This information should be documented in the PCM protocol;
- g. FTE to be devoted to the intervention;
- h. how service will be made accessible to individuals not accessing HIV care case management services; and
- i. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's goals for P4P PCM clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
  - (1) By the end of 2005, the applicant will provide peer-based, client-centered PCM sessions between 30 and 90 minutes in duration to at least (number) P4P clients. [Note: This objective refers to all clients enrolled in P4P PCM.]
  - (2) By the end of 2005, the applicant will provide at least (number) peer-based, client-centered PCM sessions between 30 and 90 minutes in duration to at least (number) P4P clients. [Note: This objective refers to P4P clients who have completed the PCM intervention. If an agency does not opt for a pre-set number of sessions to determine PCM completion, indicate that in your response to this objective.]
  - (3) By the end of 2005, no more than (number) percent of the P4P PCM clients will be HIV care case management clients at the time of P4P enrollment. [Note: This objective is intended to ensure that some P4P PCM clients are not case

management clients of the CBO. An individual is defined as being a case management client if they have been in case management within the last two years.]

- (4) By the end of 2005, the applicant will provide PCM referrals to at least (number) P4P clients to access more specialized services.
- (5) By the end of 2005, at least (number) percent of P4P PCM clients who have unprotected anal or vaginal sex with partners of negative or unknown HIV status will decrease the frequency of unprotected anal and vaginal sex with partners of negative or unknown HIV status.
- (6) By the end of 2005, at least (number) percent of P4P PCM clients who have unprotected anal or vaginal sex with partners of negative or unknown HIV status will decrease the number of sexual partners with negative or unknown HIV status with whom they have unprotected sex.
- (7) By the end of 2005, the frequency of needle sharing will decrease among (number) percent of drug injecting P4P PCM clients who share needles.
- (8) By the end of 2005, the number of needle sharing partners will decrease among (number) percent of drug injecting P4P PCM clients who share needles.

### **3. OUTREACH TO MSM/IDU**

Proposals must state whether or not the applicant plans to provide MSM/IDU-specific outreach services. Regardless of whether or not a specific MSM/IDU outreach effort is proposed, the applicant must describe how MSM/IDU encountered in MSM outreach will be provided with MSM/IDU-specific services;

If the applicant proposes an MSM/IDU-specific outreach effort, a description of these activities is required. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity's program logic and the activity's link to a demonstrated effective outreach program;
- c. the intended results of the program;
- d. FTE that will be devoted to the intervention;
- e. intention to submit all information materials to the program review panel as required by CDC; and
- f. specific objectives the applicant proposes. In its proposal, the

applicant must use the objectives below, filling in “number” to reflect the agency’s goals for MSM/IDU outreach. Progress on objectives will be determined using information collected by the contracted agency. Objectives:

- (1) By the end of 2005, the applicant will make at least (number) outreach contacts with MSM/IDU.
- (2) By the end of 2005, the applicant will distribute at least (number) condoms to MSM/IDU outreach contacts.
- (3) The applicant will have an acceptance rate for condoms of at least (number) percent for MSM/IDU.
- (4) By the end of 2005, the applicant will distribute at least (number) safer sex kits to MSM/IDU outreach contacts.
- (5) The applicant will have an acceptance rate for safer sex kits of at least (number) percent for MSM/IDU.
- (6) By the end of 2005, the applicant will distribute at least (number) lubricant to MSM/IDU outreach contacts.
- (7) The applicant will have an acceptance rate for lubricant of at least (number) percent for MSM/IDU.
- (8) By the end of 2005, (number) MSM/IDU outreach contacts will receive, be referred to, or be recruited into one or more of the following services by outreach workers: CT, ILI, GLI, PCM, or STD screening.

**4. HIV PREVENTION INDIVIDUAL-LEVEL INTERVENTIONS TO MEN WHO HAVE SEX WITH MEN AND INJECT DRUGS (MSM/IDU ILI)**

A detailed description of the individual-level intervention (ILI) activities that will be implemented to MSM/IDU outside of P4P services. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity’s program logic and the activity’s link to a demonstrated effective ILI;
- c. the intended results of the program;
- d. the HIV prevention-related skills that will be addressed;
- e. how it will be determined that the client should exit from the ILI services;
- f. FTE to be devoted to the intervention; and
- g. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in “number” to reflect the agency’s goals for MSM/IDU ILI clients. Progress on objectives will be determined using information collected by the

contracted agency. Objectives:

- (1) By the end of 2005, the applicant will provide peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration to at least (number) MSM/IDU. [Note: This objective refers to all MSM/IDU clients enrolled in ILI.]
- (2) By the end of 2005, the applicant will provide at least (number) peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration to at least (number) MSM/IDU. [Note: This objective refers to MSM/IDU who have completed the ILI intervention.]
- (3) By the end of 2005, at least (number) percent of MSM/IDU clients who have unprotected anal or vaginal sex with partners of HIV positive or unknown status will decrease the frequency of unprotected anal and vaginal sex with partners of positive or unknown HIV status.
- (4) By the end of 2005, at least (number) percent of MSM/IDU ILI clients who have unprotected anal or vaginal sex with partners of positive or unknown HIV status will decrease the number of sexual partners with positive or unknown HIV status with whom they have unprotected sex.
- (5) By the end of 2005, the frequency of needle sharing will decrease among (number) percent of MSM/IDU ILI clients who share needles.
- (6) By the end of 2005, the number of needle sharing partners will decrease among (number) percent of MSM/IDU ILI clients who share needles.

## **5. HIV PREVENTION CASE MANAGEMENT FOR MEN WHO HAVE SEX WITH MEN AND INJECT DRUGS (MSM/IDU PCM)**

A detailed description of the prevention case management (PCM) activities that will be implemented to MSM/IDU outside of P4P services. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity's program logic and the activity's link to a demonstrated effective PCM intervention;
- c. the intended results of the program;
- d. the HIV prevention-related skills that will be addressed;
- e. PCM personnel expertise, including referral resources;



- f. how it will be determined that the client should exit from PCM services, including a discussion of whether completion of the intervention will be determined by a pre-set number of sessions or whether it will be a client-specific number of sessions based on his or her risk assessment. This information should be documented in the PCM protocol;
- g. FTE to be devoted to the intervention; and
- h. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in “number” to reflect the agency’s goals for MSM/IDU PCM clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
  - (1) By the end of 2005, the applicant will provide peer-based, client-centered PCM sessions between 30 and 90 minutes in duration to at least (number) MSM/IDU clients. [Note: This objective refers to all clients enrolled in MSM/IDU PCM.]
  - (2) By the end of 2005, the applicant will provide at least (number) peer-based, client-centered PCM sessions between 30 and 90 minutes in duration to at least (number) MSM/IDU clients. [Note: This objective refers to MSM/IDU clients who have completed the PCM intervention. If an agency does not opt for a pre-set number of sessions to determine PCM completion, indicate that in your response to this objective.]
  - (3) By the end of 2005, the applicant will provide PCM referrals to at least (number) MSM/IDU clients to access more specialized services.
  - (4) By the end of 2005, at least (number) percent of MSM/IDU PCM clients who have unprotected anal or vaginal sex with partners of positive or unknown HIV status will decrease the frequency of unprotected anal and vaginal sex with partners of positive or unknown HIV status.
  - (5) By the end of 2005, at least (number) percent of MSM/IDU PCM clients who have unprotected anal or vaginal sex with partners of positive or unknown HIV status will decrease the number of sexual partners with positive or unknown HIV status with whom they have unprotected sex.
  - (6) By the end of 2005, the frequency of needle sharing will decrease among (number) percent of MSM/IDU PCM clients who share needles.
  - (7) By the end of 2005, the number of needle sharing partners will decrease among (number) percent of MSM/IDU PCM

clients who share needles.

**6. PUBLIC SEX ENVIRONMENT (PSE) AND COMMERCIAL SEX ENVIRONMENT (CSE) OUTREACH TO MEN WHO HAVE SEX WITH MEN (PSE/CSE OUTREACH TO MSM)**

A description of the outreach activities that will be implemented. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity's program logic and the activity's link to a demonstrated effective outreach program;
- c. the intended results of the program;
- d. FTE that will be devoted to the intervention;
- e. intention to submit all information materials to the program review panel as required by CDC; and
- f. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's goals for MSM outreach. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
  - (1) By the end of 2005, the applicant will make at least (number) outreach contacts with MSM.
  - (2) By the end of 2005, the applicant will distribute at least (number) condoms to MSM outreach contacts.
  - (3) The applicant will have an acceptance rate for condoms of at least (number) percent for MSM.
  - (4) By the end of 2005, the applicant will distribute at least (number) safer sex kits to MSM outreach contacts.
  - (5) The applicant will have an acceptance rate for safer sex kits of at least (number) percent for MSM.
  - (6) By the end of 2005, the applicant will distribute at least (number) lubricant to MSM outreach contacts.
  - (7) The applicant will have an acceptance rate for lubricant of at least (number) percent for MSM.
  - (8) By the end of 2005, (number) MSM outreach contacts will receive, be referred to, or be recruited into one or more of the following services by outreach workers: CT, ILI, GLI, PCM, or STD screening.

## **7. INTERNET OUTREACH**

If the applicant proposes to do outreach to MSM via Internet chatrooms, a description of the activity is required. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity's program logic and the activity's link to a demonstrated effective outreach program;
- c. the intended results of the program;
- d. FTE that will be devoted to the intervention; and
- e. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's goals for MSM Internet outreach. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
  - (1) By the end of 2005, the applicant will make at least (number) internet outreach contacts with MSM.
  - (2) By the end of 2005, (number) MSM internet outreach contacts will receive, be referred to, or be recruited into one or more of the following services by outreach workers: CT, ILI, GLI, PCM, or STD screening.

## **8. HIV PREVENTION INDIVIDUAL-LEVEL INTERVENTIONS TO MEN WHO HAVE SEX WITH MEN (MSM ILI)**

A detailed description of the individual-level intervention (ILI) activities that will be implemented to MSM outside of P4P services. Include:

- a. a description of each activity and how it will be implemented;
- b. the activity's program logic and the activity's link to a demonstrated effective ILI;
- c. the intended results of the program;
- d. the HIV prevention-related skills that will be addressed;
- e. how it will be determined that the client should exit from the ILI services;
- f. FTE to be devoted to the intervention; and
- g. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's goals for MSM ILI clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
  - (1) By the end of 2005, the applicant will provide peer-based,

- client-centered, individual-level intervention sessions between 30 and 90 minutes in duration to at least (number) MSM. [Note: This objective refers to all MSM clients enrolled in ILI.]
- (2) By the end of 2005, the applicant will provide at least (number) peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration to at least (number) MSM. [Note: This objective refers to MSM who have completed the ILI intervention.]
  - (3) By the end of 2005, at least (number) percent of MSM clients who have unprotected anal or vaginal sex with partners of HIV positive or unknown status will decrease the frequency of unprotected anal and vaginal sex with partners of positive or unknown HIV status.
  - (4) By the end of 2005, at least (number) percent of MSM ILI clients who have unprotected anal or vaginal sex with partners of positive or unknown HIV status will decrease the number of sexual partners with positive or unknown HIV status with whom they have unprotected sex.

## 9. COUNSELING, TESTING AND REFERRAL (CTR)

How this program will increase the use of HIV counseling and testing among high-risk individuals within the focus population. Include, as appropriate:

- a. how the program will promote counseling and testing;
- a. how the program will provide these services directly through outreach counseling and testing;
- b. how the program will collaborate with other counseling and testing services;
- c. whether or not the program will use rapid testing technologies (if so, the applicant must either include appropriate costs in the proposed budget, or explain how these costs will be covered from other sources);
- d. how, if at all, the program will link counseling and testing participants to other prevention services, including, but not limited to, ILI and PCM;
- e. how the program will link HIV positive counseling and testing participants to care and case management services; and
- f. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in “number” to

reflect the agency's goals for counseling, testing, and referral clients. Progress on objectives will be determined using information collected by the contracted agency. Objectives:

- (1) By the end of 2005, the applicant will provide HIV antibody CTR to at least (number) sexual or needle sharing partners of HIV infected individuals.
- (2) By the end of 2005, the applicant will have a return rate of at least 80% for HIV antibody testing results for sexual or needle sharing partners of HIV infected individuals.
- (3) By the end of 2005, the applicant will provide HIV antibody CTR to at least (number) MSM/IDU.
- (4) The applicant will have a return rate of at least 80% for HIV antibody testing results for MSM/IDU.
- (5) By the end of 2005, the applicant will provide HIV antibody CTR to at least (number) MSM.
- (6) The applicant will have a return rate of at least 80% for HIV antibody testing results for MSM.
- (7) The applicant will have an overall return rate of at least 80% for all HIV antibody testing results returned to individuals targeted under this contract.
- (8) If the applicant uses rapid test technology, the applicant will have a return rate of at least 90% for HIV antibody test results to individuals targeted with the rapid test.
- (9) If the applicant uses rapid test technology, the applicant will have an overall return rate of at least 90% for positive HIV antibody test results (regardless of test technology used).

#### **10. INTEGRATION OF STD AND VIRAL HEPATITIS IN HIV PREVENTION SERVICES**

A detailed description of the integration activities that will be implemented. Include:

- a. a description of integration activities and how they will be implemented;
- b. program linkages to STD and hepatitis prevention involving the priority populations; and
- c. specific objectives the applicant proposes. In its proposal, the applicant must use the objectives below, filling in "number" to reflect the agency's proposed goals for integration of STD and viral hepatitis into HIV prevention services. Progress on objectives will

be determined using information collected by the contracted agency. Objectives:

- (1) By the end of 2005, the applicant will provide at least (number) referrals for STD and/or hepatitis services to P4P clients.
- (2) By the end of 2005, the applicant will provide at least (number) referrals for STD and/or hepatitis services to the sexual and drug using partners of P4P clients.
- (3) By the end of 2005, the applicant will provide at least (number) referrals for STD and/or hepatitis services to MSM/IDU.
- (4) By the end of 2005, the applicant will provide at least (number) referrals for STD and/or hepatitis services to MSM.

**C. STATEWIDE COORDINATION OF AND TECHNICAL ASSISTANCE ON PRIMARY PREVENTION FOR PEOPLE LIVING WITH HIV (“PREVENTION FOR POSITIVES” (P4P))**

A description of the services to be provided by the Statewide P4P Coordinator. Include a twelve month work plan outlining the main activities of the Statewide P4P Coordinator.

**D. QUALITY ASSURANCE AND EVALUATION**

In its proposal, the applicant is required to:

1. state how it plans to internally evaluate its progress on objectives;
2. describe resources that will be specifically allocated for evaluation, including FTE;
3. explain how its program evaluation will be used for program improvement;
4. discuss data confidentiality and data security precautions (with clients, among staff, with individuals and organizations not affiliated with the CBO, and physical and electronic security safeguards); and
5. state who will collect required data, how it will be collected, how it will be maintained by the applicant, who will report it to SAPB, and who will be involved in evaluation activities. Note that when the PEMS system becomes implemented statewide in May 2005, all data will be entered electronically by all CBOs in the state. Significant training will be provided to CBOs, including outreach workers, in preparation for the transition to PEMS.

## **E. TIME LINE**

A time line that:

1. indicates start and end dates by month and year for all program activities;
2. provides a chronology of the proposed program activities;
3. reflects planning and program development;
4. covers the entire contract period; and
5. does not give the entire contract period as the start and end dates for every activity.

## **V. COST PROPOSAL**

### **A. PRICING STRUCTURE BASED ON COST REIMBURSEMENT**

The cost reimbursement pricing structure reflects a purchase arrangement in which the STATE pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

1. The following budget form(s) which are contained in the POS manual shall be submitted with the POS Proposal Application:

SPO-H-205  
SPO-H-205A  
SPO-H-205B  
SPO-H-206A  
SPO-H-206B  
SPO-H-206C  
SPO-H-206D\*  
SPO-H-206E  
SPO-H-206F  
SPO-H-206G  
SPO-H-206H  
SPO-H-206I  
SPO-H-206J\*

\* Note that while forms SPO-H-206D and SPO-H-206J are required to be submitted as part of the application, neither out of state travel (*SPO-H-206D*) nor motor vehicle purchases (*SPO-H-206J*) are allowable expenses under this RFP.

2. On Budget Form SPO-H-205, the applicant shall indicated all expenditures proposed under this RFP. A minimum of three (3) columns must be included on SPO-H-205 (see *Attachment F: "Sample: Form SPO-H-205"*):
  - a. one column showing all proposed program(s) specific service costs funded under this RFP;
  - b. one column showing all proposed administrative costs funded under this RFP; and
  - c. one column showing the total budget request which combines the above two (2) and any other columns which show expenditures proposed under this RFP.

For purposes of this RFP, "administrative costs" include depreciation or use allowances on buildings and equipment, the costs of operating and maintaining facilities, and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting. "Service costs" include wages and benefits of employees who directly provide the services, and the cost of materials, equipment, and supplies used to provide the services.

3. The applicant must also include a line by line narrative justification for all budget items proposed under this RFP (see *Attachment C: "Sample Narrative Budget Justification"*).

## **B. OTHER FINANCIAL RELATED**

### **1. ACCOUNTING SYSTEM**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following document is requested as part of the POS Proposal Application:

- a copy of the applicant's most recent financial audit.

## **VI. OTHER**

### **A. LITIGATION**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.



# STD/AIDS Prevention Branch

RFP No. DOH-04-16

Section 4

## Section 4 Proposal Evaluation

### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- C Phase 1 - Evaluation of Proposal Requirements
- C Phase 2 - Evaluation of POS Proposal Application
- C Phase 3 - Recommendation for Award

#### A. Evaluation Categories and Threshold

<u>Evaluation Categories</u>	<u>Possible Points</u>
Mandatory Requirements	Pass or Rejected
<i>POS Proposal Application</i>	100 Points
Background and Summary	10 points
Experience and Capability	20 points
Personnel: Project Organization and Staffing	10 points
Service Delivery	50 points
Financial	<u>10 Points</u>
<b>TOTAL POSSIBLE POINTS</b>	<b>100 Points</b>

### **III. Evaluation Criteria**

#### **A. Phase 1 - Evaluation of Proposal Requirements**

##### *(1) Administrative Requirements*

- C Application Checklist
- C Registration (if not preregistered with the State Procurement Office)
- C Tax Clearance Certificate
- C Certifications

##### *(2) POS Proposal Application Requirements*

- C POS Application Title Page (Form SPO-H-200)
- C Table of Contents
- C Background and Summary
- C Experience and Capability
- C Personnel: Project Organization and Staffing
- C Service Delivery
- C Financial (All required forms and documents)
- C Program Specific Requirements (as applicable)

#### **B. Phase 2 - Evaluation of POS Proposal Application (100 Points)**

##### *(1) Background and Summary (10 Points)*

- C The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity.
- C The goals and objectives are in alignment with the proposed service activity.
- C The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.

##### *(2) Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- C Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.

- C Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
- C Demonstrated capability to coordinate services with other agencies and resources in the community.
- C Adequacy of facilities relative to the proposed services.

(3) *Personnel: Program Organization and Staffing (10 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- C That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- C Minimum qualifications (including experience) for staff assigned to the program.
- C Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- C Organization Chart (Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks).

(4) *Service Delivery (50 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the POS Proposal Application. The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

(5) *Financial (10 Points)*

Pricing structure based on cost reimbursement:

- C Personnel costs are reasonable and comparable to positions in the community.
- C Non-personnel costs are reasonable and adequately justified.

- C To what extent does the budget support the scope of service and requirements of the Request for Proposal?
- C Adequacy of accounting system.

#### **IV. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

# STD/AIDS Prevention Branch

RFP No. DOH-04-16

Section 5

## SECTION 5 ATTACHMENTS

<u>Attachment</u>	<u>Document</u>
A.	Competitive POS Application Checklist
B.	POS Proposal Application - Sample Table of Contents
C.	POS Proposal Application - Sample Narrative Budget Justification
D.	Definitions and Abbreviations
E.	Service Delivery Plan Form
F.	Sample: Form SPO-H-205
G.	Neighbor Islands: Critical Interventions by Priority Population

# Attachment A

## Competitive POS Application Checklist



# Competitive POS Application Checklist

Applicant: \_\_\_\_\_

RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. \*SPO-H Forms are located on the web at <http://www.spo.hawaii.gov> Click on *Procurement of Health and Human Services*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
1. POS Proposal Application Title Page (SPO-H-200)	Section 1, RFP	SPO Website*	X	
2. Competitive POS Application Checklist	Section 1, RFP	Attachment A	X	
3. Table of Contents	Section 5, RFP	Section 5, RFP	X	
4. POS Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
5. Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Pre-Registered)	
6. Tax Clearance Certificate (Form A-6)	Section 1, RFP	SPO Website*		
7. Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website*	X	
SPO-H-205B	Section 3, RFP	SPO Website*	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
<b>Certifications:</b>				
8. Federal Certifications	Section 1, RFP	Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace Requirements		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				
9. Narrative Budget Justification			X	
10.				

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

# Attachment B

## POS Proposal Application - Sample Table of Contents

## POS Proposal Application Table of Contents

<b>I.</b>	<b>Background and Summary .....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability</b>	
	A. Necessary Skills and Experience .....	2
	B. Quality Assurance and Evaluation .....	3
	C. Coordination of Services.....	4
	D. Facilities .....	5
<b>III.</b>	<b>Personnel: Project Organization and Staffing</b>	
	A. Proposed Staffing.....	6
	B. Staff Qualifications .....	7
	C. Supervision and Training.....	8
	D. Organization Chart (Program & Organization-wide - attached)	
<b>IV.</b>	<b>Service Delivery .....</b>	<b>9</b>
<b>V.</b>	<b>Attachments</b>	
	<b>A. Cost Proposal</b>	
	1. SPO-H-205 Proposal Budget	
	2. SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	3. SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	4. SPO-H-206C Budget Justification - Travel: Interisland	
	5. SPO-H-206E Budget Justification - Contractual Services - Administrative	
	<b>B. Other Financial Related Materials</b>	
	1. Financial Audit for fiscal year ended June 30, 1991.	
	<b>C. Performance and Output Measurement Tables</b>	
	1.	
	<b>D. Program Specific Requirements</b>	
	1.	

# Attachment C

## Sample Narrative Budget Justification

## SAMPLE NARRATIVE BUDGET JUSTIFICATION

### 1999 HIV Prevention Budget and Justification

#### Summary

Hawai'i's FY 1999 HIV/AIDS Prevention Cooperative Agreement is requesting \$1,735,732 in federal financial assistance. This is the same amount received in FY 1998. In accordance with the revised *1999 HIV Prevention Plan Update for the State of Hawai'i*, adjustments have been made to the contracts for HIV prevention activities to increasingly focus on those priority groups as identified by the plan. At a time of level funding and increasing demand for services, the STD/AIDS Prevention Branch of the Department of Health (DOH) has made every effort to reduce costs without negatively impacting upon the delivery of services as well as conforming to the recommendations of the Hawai'i HIV Prevention Community Planning Group.

#### I. PERSONNEL 502,500

Request includes 16 previously funded positions.

- A. Disease Intervention Specialists (DIS) 265,200  
8.5 Positions: (Employee 1), (Employee 2), (Employee 3), (Employee 4),  
(Employee 5), (Employee 6), (Employee 7), (Employee 8), and (Employee 9).

These positions are under the STD/AIDS Prevention Branch of the Department of Health (DOH). Although they are housed in different health centers, they all have the same functions -- HIV antibody counseling and testing. The staff in these positions will be performing full-time HIV antibody counseling and testing (C&T) activities including: Phlebotomy; pretest counseling; post-test counseling; encouraging partner notification and referral of seropositive patients, including guidance of appropriate methods of referrals, and notifying sex and needle-sharing partners of seropositive patients, including counseling and testing as appropriate. These positions will also be involved in outreach counseling and testing with OraSure by accompanying CHOW outreach workers on all islands. They also will collaborate with other agencies to provide counseling and testing to at-risk populations. These positions will allow the program to accomplish the objectives in Counseling, Testing, Referral, and Partner Notification (CTRPN).

Five positions will be working in the HIV Antibody Clinic at the Diamond Head Health center on O'ahu during various days. They also provide HIV antibody counseling, testing, referral and partner notification services in support of the STD Clinic. The HIV Antibody Clinic at the Diamond Head Health Center currently performs 600 HIV antibody tests per month. These five positions will also provide outreach counseling and testing services in other sites which include drug

## **SAMPLE NARRATIVE BUDGET JUSTIFICATION**

treatment facilities, TB Clinic, family planning clinics, colleges, prisons, medical clinics, and the CHOW mobile van. These counseling and testing sites are scheduled during various days and hours.

Four positions are assigned to the neighbor islands -- one for Maui County; two for the island of Hawai'i, which is the largest island geographically and has one position assigned to each of the two main population centers on the opposite sides of the island -- Hilo and Kona; and one half-time position for the island of Kaua'i.

- B. Clerk Stenographer 22,100  
(Employee 10)

This position is under the DOH and will be housed on O'ahu. This position will be responsible for all the clerical, stenographic and statistical functions of the HIV Antibody Counseling and Testing Program, including: preparing HIV antibody clinic records and forms, posting of laboratory results onto medical records; filing of HIV antibody medical records, tabulating all epidemiologic data through an electronic data system; providing stenographic support to the DIS; and preparing all purchase orders for office and laboratory supplies of the HIV Antibody Counseling and Testing Program.

- C. Public Health Educator IV 138,700  
4 Positions: (Employee 11), (Employee 12), (Employee 13), and vacant to be hired.

These four public health educators are located on O'ahu. Each of these educators will undertake a diversity of statewide, community-based activities to implement the impact objectives stated in the grant. These educators will coordinate and collaborate with government and community leaders throughout the state to establish networks which facilitate HIV/STD education among populations at risk for HIV. These educators will continue to provide some direct service HIV/STD education to populations at high risk for HIV, including men who have sex with men, injection drug users, women, transgender, youth at risk for HIV, cultural and ethnic minority populations, incarcerated populations, and other underserved populations at risk for HIV. However, the priority for these health educators will be community coordination and providing technical assistance to HIV/STD-related agencies statewide.

## **II. FRINGE BENEFITS**

27.17% x \$502,500 \$136,529

## SAMPLE NARRATIVE BUDGET JUSTIFICATION

<b>TOTAL PERSONNEL COSTS</b>		<b>\$639,029</b>
<b>III. TRAVEL</b>		<b>44,880</b>
A. In-state Travel		33,150
1. Interisland Travel		23,650
a. Counseling and Testing	2,530	
<p>This amount is necessary for the four neighbor island disease intervention specialists to travel to O`ahu for the annual staff meeting and training. The costs of the meetings include \$300 (\$74 per person x 4 people) air fare; per diem costs of \$160 (\$40 per day x 4 people); car rental costs of \$40; and airport parking fees of \$40 (\$10 per day x 4 people).</p> <p>Interisland travel is also necessary for the CTRPN trainer to travel to each island to provide HIV Prevention Counseling training to staff at community agencies and at AIDS service organizations. Costs for this activity include \$150 (\$74 per person X 2 trips) airfare; per diem costs of \$720 (\$80 per day X 9 days); car rental costs of \$360 (\$40 per day X 9 days); and airport parking fees of \$100 (\$10 per day X 10 days).</p>		
b. Community Planning	13,170	
<p>This amount is necessary for the neighbor island community planning group representatives to travel to O`ahu to attend Community Planning Group (PCPG) and PCPG committee meetings. The costs of the meetings include \$6,660 (\$74 per person X 9 people X 10 meetings) air fare. Funding is also necessary for the seven committees to meet on O`ahu for a total of 45 meetings.</p>		
c. Health Education/Risk Reduction and Public Information	2,600	
<p>Travel costs are also necessary for the 4 public health educators on O`ahu for use of their personal car for travel to various AIDS</p>		

## **SAMPLE NARRATIVE BUDGET JUSTIFICATION**

prevention activities. The estimated cost is \$2,400 (\$50 per month X 4 people X 12 months). The clerk stenographer also is assigned duties which involves the use of her personal car for such travel to various AIDS meetings to take minutes and travel to the various vendors to pick up educational supplies. The estimated cost is \$200 (\$17 per month X 12 months).

### **IV. SUPPLIES 101,893**

- A. ELISA Kits (serum) 50,400  
\$3.00 per test X 16,800

This amount is necessary to purchase the HIV antibody testing kits for the Laboratories Branch of the Department of Health. An estimated 14,000 tests will be performed by the laboratory for HIV antibody testing during this budget period. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 16,800 tests will be performed. This total includes all tests performed through the counseling, testing and partner notification program. Thus, the estimated cost for this budget period is \$50,400. (16,800 tests X \$3.00/test)

- B. Reagents and Laboratory Supplies 5,500  
(\$25 per test X 220 tests)

This amount is necessary to purchase laboratory supplies to perform the Western Blot test. During the budget period, we plan to perform a total of 14,000 tests. Assuming a 1.6% positivity rate/indeterminate rate, we may anticipate performing 220 Western Blot tests.

- C. Laboratory Supplies 1,000

This amount is necessary to purchase the miscellaneous laboratory supplies to perform the ELISA and Western Blot tests. Costs include dilution tubes, storage vials, gloves, certified mailing packages and disinfectants.

- D. Other Counseling and Testing Supplies 17,600

1. Laboratory Forms 8,300



## SAMPLE NARRATIVE BUDGET JUSTIFICATION

11,000 forms X \$.75 per form

2. Paper Supplies and Printing Costs 1,000

This amount is needed for AIDS Informed Consent Forms and educational supplies.

3. Phlebotomy Supplies 8,300

This amount is necessary to purchase vacutainers, needles, needle holders, bandaids, cotton, alcohol, gloves and sharps collectors necessary for performing phlebotomy on 11,000 patients at \$0.75 per patient.

- E. HIV Antibody Counseling and Testing Supplies (oral) 13,400

The HIV antibody counseling and testing program is planning to continue the outreach program to provide HIV counseling and testing services through oral collection devices to hard to reach men who have sex with men as well as IDUs. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 1,620 tests will be performed. The laboratory costs include:

HIV antibody test kits  
1,620 tests X \$4.00 per test = \$6,480

OraSure oral specimen  
collection device 1,350 X \$3.60 = \$4,860

Reagents and other  
laboratory supplies \$2,060

- F. Educational Supplies \$7,200

Educational supplies such as pamphlets are an integral part of the AIDS health education program. Pamphlets and booklets from Channing L. Bete Company and other vendors. The pamphlets are distributed to Hawai'i residents on all islands.

20,000 pamphlets @ \$0.36 7,200

# Attachment D

## Definitions and Abbreviations

## DEFINITIONS AND ABBREVIATIONS

### RFP Definitions

#### *Interventions:*

**HIV Counseling, Testing and Referral (CTR)** supports individuals in assessing their risk for HIV and learning their HIV status, as well as linking them to appropriate services. CTR involves pre-test counseling, administering the test, delivering the results, post-test counseling. CTR also includes referral to appropriate services, and for seropositive individuals, encouraging partner notification by the client and/or eliciting partners names and/or identifying information for notification by the DOH.

**Individual-Level Interventions<sup>1</sup> (ILI)** aim to change an individual's behavior through one-on-one risk reduction interactions that include risk reduction counseling and skills building. ILI is an HIV prevention intervention of at least three sessions with each session lasting between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker. The intervention, which may be peer or non-peer based, must include activities to build appropriate skills the client can use in reducing HIV-related risk. ILI may occur in an outreach or institutional (e.g., office, workplace, school) setting. ILI should also facilitate linkages to services that assist clients in addressing barriers to HIV risk reduction (e.g., substance abuse treatment).

**Outreach<sup>1</sup>** interventions are conducted by peers or paid staff with high risk individuals in areas where the clients typically congregate. Outreach usually involves distributing risk reduction materials such as condoms, safer sex kits, and safer injecting supplies, and providing risk reduction information on HIV, hepatitis and STDs, providing brief harm reduction-based counseling, and providing linkages to CTR, STD screening and treatment, hepatitis education, screening, vaccination and treatment, and to P4P services. Outreach is also a term used to describe a method of delivering interventions such as CTR, ILI, and PCM, in which case it refers to the location and context in which the

---

<sup>1</sup>**Outreach vs. Individual-Level Interventions:** Both outreach and ILI involve one-on-one interaction, and since ILI are often provided in outreach settings, these two interventions are sometimes confused. Not all one-on-one outreach contacts are individual-level interventions. For example, an interaction consisting of one way communication from the outreach worker to the client is an outreach contact, rather than an ILI. This type of one way communication might include creating awareness of the outreach worker's function, and resources he/she has available. A one-on-one outreach contact becomes an individual-level intervention when the outreach worker engages the client in an interaction that includes a skills building component and back and forth discussion of the client's own risk behaviors, and the outreach worker utilizes behavior change theory and techniques with goals specific to the client's situation. In addition, ILIs, unlike outreach, are intended to be multiple session interventions.

## DEFINITIONS AND ABBREVIATIONS

intervention takes place, not the type of intervention.

**Partner Counseling and Referral Services (PCRS)** is a systematic approach to identifying and notifying sex and needle sharing partners of HIV infected persons of their possible exposure to HIV so they can avoid infection, or if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to HIV testing, individualized counseling, medical evaluation, treatment, and other services.

**Prevention Case Management (PCM)** is a more intensive intervention than ILI. PCM is a client centered HIV prevention intervention with the fundamental goal of promoting the adoption of HIV risk reduction behaviors by individuals with multiple, complex problems and risk reduction needs. PCM is a hybrid of HIV risk reduction counseling and traditional case management, which provides intensive, ongoing, and individualizes prevention counseling, support, and service brokerage. It includes substance abuse and/or mental health counseling services, and therefore requires staff with appropriate clinical skills, or availability of community resources to meet these needs. While clients may have numerous unmet needs, the fundamental goal of PCM must be to reduce HIV risk. PCM is a multiple session intervention, with sessions lasting at least 30 minutes.

### ***Goals, Objectives and Evaluation:***

**Evaluation** is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

A **goal** is a broad statement of what a program is designed to accomplish—the desired long-term aim of the program. A goal would not necessarily describe what the program will accomplish at the end of the contract period. A goal may or may not have an end point. An example of a goal for a program is “to decrease the transmission of HIV infection among MSM in Hawai`i.”

**Objectives** are statements of what a program will do or achieve in order to reach the program’s overall goal. Objectives must be measurable in quantifiable terms (who will do what, when, where and by how much). An objective can either describe program **process** or **outcome**:

**Process Objectives** state what activities will be *conducted by program staff* in order to accomplish one or more of the program’s outcome objectives.

## DEFINITIONS AND ABBREVIATIONS

**Outcome Objectives** are the intended results of a program. Outcome objectives are often phrased in terms of the changes in knowledge, attitudes, beliefs, behaviors and/or skills that are expected to result from implementation of the program. Changes in knowledge, attitudes, beliefs, behaviors and/or skills should, in some specific way, make progress toward the program's stated goal.

**Process Monitoring** describes the characteristics of the population served, the services provided, and resources used to deliver those services. Process monitoring answers the questions: "*What services were delivered?*" and "*What population was served?*" and "*What resources were used?*"

**Process Evaluation** examines how the intervention was delivered, differences between the intended population and the population served, and access to the intervention. Process evaluation answers the questions: "*Was the intervention implemented as intended?*" and "*Did the intervention reach the intended audience?*" and "*What barriers did clients experience in accessing the intervention?*"

**Outcomes Monitoring** measures changes in clients' knowledge, attitudes, beliefs, behaviors, and/or skills before and after (or during) the intervention. Outcomes monitoring does not include a "comparison group" of individuals who do not participate in the intervention, so changes in client characteristics cannot be directly attributed to the intervention. Outcomes monitoring answers: "*Did the expected outcomes occur?*"

**Outcomes Evaluation** measures changes in clients' knowledge, attitudes, beliefs, behaviors and/or skills before and after the intervention as well as changes for a similar group of individuals who do not participate in the intervention. The inclusion of a "comparison" group means that client changes can be attributed to the intervention. Outcomes evaluation answers: "*Did the intervention cause the expected outcomes?*"

### ***Primary HIV Prevention***

**Primary prevention** activities are aimed at preventing new HIV infections. Primary prevention includes: 1) interventions with HIV infected persons to assist them in reducing the likelihood that they will transmit HIV to someone else; and 2) interventions with people who are not HIV infected to reduce the likelihood that they will become infected.

## **DEFINITIONS AND ABBREVIATIONS**

### **RFP ABBREVIATIONS**

ADA	Americans with Disabilities Act
AEQ	AIDS Educators Quarterly Meeting
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CPG	The Hawai`i State HIV Prevention Community Planning Group; the federally mandated committee, made up of individuals representing the diversity of people affected by HIV, responsible for guidance and planning decisions regarding HIV prevention.
CTR	counseling, testing and referral
DOH	Hawai`i State Department of Health
FTE	full-time equivalent; one or more individuals working a cumulative total of 40 hours each week.
Gay MAP	Gay Men's AIDS Prevention; the statewide outreach worker meeting for HIV prevention to MSM
HIV	human immunodeficiency virus
HIV+	HIV positive; living with HIV
IDU	injecting drug user
ILI	individual-level intervention
IRB	institutional review board
MSM	men who have sex with men; this term is used to refer to men who have sex with other men regardless of whether they publically or privately identify themselves gay, bisexual, heterosexual or otherwise. For the purposes of this RFP, MSM refers not only to adult men, but to young males as well.

## DEFINITIONS AND ABBREVIATIONS

MSM/IDU	men who have sex with men AND inject drugs
P4P	Prevention for positives. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as “primary prevention for HIV infected persons” (PHIP)
PCM	prevention case management
PCRS	partner counseling and referral services
PEMS	Program Evaluation and Monitoring System
PHIP	Primary prevention for HIV infected persons. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as “prevention for positives” (P4P)
The Plan	The Comprehensive HIV Prevention Plan for the State of Hawai`i; the document produced by the CPG that guides HIV prevention efforts. In this document, the CPG prioritizes the HIV prevention services to be provided and to whom they are to be provided.
PSE	public sex environment
RFP	request for proposals; a document, such as this, which outlines services required, and solicits proposals for the provision of these services.
SAPB	STD/AIDS Prevention Branch of the Hawai`i Department of Health
STD	sexually transmitted disease
T-CAC	The statewide outreach worker meeting for HIV prevention to TG
TG	Transgender; individuals who do not identify with their biological gender at birth. Herein TG refers only to MTF (male-to-female) TGs: individuals who were born biologically male, but do not currently identify themselves as male.
WAC	The statewide outreach worker meeting for HIV prevention to women at risk

# Attachment E

## Service Delivery Plan Form



**SERVICE DELIVERY PLANS: 1/01/05-12/31/05**

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**CTR, ILI, PCM, Outreach Service Delivery Plan Form**

Fill in the boxes with the corresponding information for each risk population for each proposed intervention. An example is provided in the worksheet below. An empty worksheet is provided on the next two pages, followed by a description of each column.

<b>Type of Intervention</b>	<b>Intervention Name</b>	<b>Intervention To Target HIV Positive Individuals? (Yes/No)</b>	<b>Risk Population</b>	<b>Number of Sessions Constituting a Completed Intervention</b>	<b>Number of Clients/Contacts Served with DOH Funds</b>	<b>Percent DOH Contribution to Total Intervention Cost</b>
Outreach	PSE Outreach to TG at Risk	No	TG at Risk	n/a	200	50%
ILI	P4P	Yes	MSM	3	15	100%
ILI	P4P	Yes	Women at Risk	3	15	100%
CTR	MSM CTR	No	MSM	n/a	50	75%
PCM	MSM/IDU PCM	No	MSM/IDU	variable	4	100%

**SERVICE DELIVERY PLANS: 1/01/05-12/31/05**

**CTR, ILL, PCM, Outreach Service Deliver Plan Form**

Fill in the boxes with the corresponding information for each risk population for each proposed intervention.

Type of Intervention	Intervention Name	Intervention To Target HIV Positive Individuals? (Yes/No)	Risk Population	Number of Sessions Constituting a Completed Intervention	Number of Clients/Contacts Served with DOH Funds	Percent DOH Contribution to Total Intervention Cost

[illegible]

## SERVICE DELIVERY PLANS: 1/01/05-12/31/05

### Column Descriptions

**Type of Intervention:** This column refers to the type of intervention proposed by the contracted agency, such as HIV counseling, testing and referral (CTR), individual-level interventions (ILI), prevention case management (PCM), and outreach.

**Intervention Name:** This column refers to the name of the intervention and may be as simple as “MSM ILI” or “P4P ILI” or may be a more specific name related to the behavioral intervention selected (such as Mpowerment) or it could be a name given to the program by the agency.

**Intervention to Target HIV Positive Individuals? (Yes/No):** This question refers only to whether the intervention specifically targets HIV positive individuals (such as the P4P program). Programs that may reach HIV positive individuals, but do not specifically target them as a program goal, would answer no to this question.

**Risk Population:** This question refers to the six priority populations identified by the Hawaii Community Planning Group and funded by the Hawaii Department of Health. They include, in order of prioritization, HIV+ individuals, MSM/IDU, MSM, IDU, TG at risk, and women at risk.

**Number of Sessions Constituting a Completed Intervention:** This column refers to the number of sessions required to complete an intervention with a client. An agency must specify the number of sessions required for a client to complete an ILI in its contract with DOH. For PCM, the agency may determine upon completion of a risk assessment at intake, how many sessions is required for that client to reach his or her risk reduction goals.

**Percent DOH Contribution to Total Intervention Cost:** This column refers to the percent that DOH funds are expected to contribute to total costs to provide the intervention to a specific risk population. For example, if an agency is receiving funding for CTR to MSM from multiple sources, DOH needs to know not only how many MSM clients are being tested using DOH funds, it needs to know what percentage of total funding that represents (e.g., DOH dollars account for 80% of an agency’s funding for CTR for MSM).

# Attachment F

Sample:  
Form SPO-H-205

# BUDGET

(Period \_\_\_\_\_ to \_\_\_\_\_)

Applicant/Provider: \_\_\_\_\_

RFP No.: \_\_\_\_\_

Contract No. (As Applicable): \_\_\_\_\_

BUDGET CATEGORIES	Budget Request (a)	Program Specific (b)	Administrative Costs (c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Budget Request		Name (Please type or print) _____ Phone _____		
(b)				
(c)		Signature of Authorized Official _____ Date _____		
(d)		Name and Title (Please type or print) _____		
TOTAL REVENUE		For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

# Attachment G

## Neighbor Islands: Critical Interventions by Priority Population

## **Neighbor Islands: Critical Interventions by Priority Population**

- 1. Priority Population: HIV Infected Persons**
  - HIV Counseling, Testing & Referral;
  - Individual-level Interventions; and
  - HIV Prevention Case Management.
- 2. Priority Population: Men who have Sex with Men and Inject Drugs (MSM/IDU)**
  - HIV Counseling, Testing & Referral;
  - Outreach;
  - Individual-level Interventions; and
  - HIV Prevention Case Management.
- 3. Priority Population: Men who have Sex with Men (MSM)**
  - HIV Counseling, Testing & Referral; and
  - Outreach.
- 4. Priority Population: Injecting Drug Users (IDU)**
  - HIV Counseling, Testing & Referral;
  - Outreach; and
  - Individual-level Interventions.
- 5. Priority Population: Transgender at risk (TG)**
  - HIV Counseling, Testing & Referral;
  - Outreach; and
  - Individual-level Interventions.
- 6. Priority Population: Women at risk**
  - HIV Counseling, Testing & Referral;
  - Outreach; and
  - Individual-level Interventions.